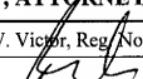


TRANSMITTAL FORM		Application Number	09/513,859
<i>(To be used for all correspondence after initial filing)</i>		Filing Date	February 28, 2000
		Inventor	N.D. BARRET et al.
		Group Art Unit	3626
		Examiner Name	Vanel Frenel
		Attorney Docket Number	SJO000031US1

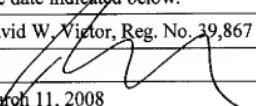
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings: <u> </u> Replacement	<input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322)
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Sheets	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Petition for Corrected Notice of Recordation	<input type="checkbox"/> Pre-Appeal Brief Request for Review
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Petition for Corrected Filing Receipt	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition: _____	<input type="checkbox"/> Status Letter/ Status Request
<input type="checkbox"/> Rule 312	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Issue Fee Transmittal Form
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Fee Address Indication Form
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Request for Duplicate/ Replacement Copy
<input type="checkbox"/> Information Disclosure Statement: _____ references	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Notice of Non-Compliant Amendment
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Comments on Statements of Reasons for Allowance	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Reg. No. 39,867
Signature:	
Date:	March 11, 2008
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983	The Commissioner is hereby authorized to charge to Deposit Account No. 09-0466 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed Name:	David W. Victor, Reg. No. 39,867	Customer No. 46917
Signature:		
Date:	March 11, 2008	